

# Introduction

The workforce policy question the Statewide Health Coordinating Council (SHCC) addressed in the *Texas State Health Plan, Ensuring a Quality Health Care Workforce for Texas* is whether or not the current and future supply of health care professionals in Texas will be adequate to meet the current and future needs of the population. The *Texas State Health Plan* is the state's foundational workforce-planning document incorporating policy, research, and a strategic plan with goals, objectives and strategies. This *Update* furthers that strategic plan with new strategies to strengthen the systems that support and ensure a quality health care workforce for Texas.

## Demographics

Texas is the second fastest growing state in the nation. Currently, about 20 million people live in Texas. The Texas population is increasing at a rate roughly twice that of the nation as a whole and is second only to California in population growth. Texas has the distinction of having one of the fastest growing youth (18 and under) populations as well as one of the fastest growing aging populations (60 and over). Forecasts predict that Texas's population will reach 34 million by 2030.

Another distinctive characteristic of Texas's population is its diversity. Between 1990 and 2030, the Hispanic population is expected to increase by 250 percent, the Black population by 60 percent, and the category of Other (primarily Asian) by 648 percent. The Anglo population is expected to increase by 20 percent. According to these predictions, by 2030 46 percent of the Texas population will be Hispanic, 10 percent Black, 8 percent Other, and 36 percent Anglo. The projected rates of growth in the youth and elderly populations and in minority populations will result in increases in demand for health services. This increase in demand and the special health care needs of these populations must be taken into consideration in the planning and preparation of the health care workforce.

## Review of the 1999 – 2004 Texas State Health Plan Goals and Objectives

The urgency of addressing health care workforce issues continues due to the demographic, economic, and health care challenges that the state faces and will face in the future. These challenges must be addressed in order to meet the future needs

of the Texas population for sufficient numbers, types, and distribution of health providers and to develop the skills and competencies that will be vital to the effective performance of the state's health care system in the future. In the *Texas State Health Plan*, The Statewide Health Coordinating Council defined seven goals with objectives and strategies, related to the planning, education, and regulation of health professionals that would ensure that Texas is prepared to meet the health care needs of the future. The goals and objectives of the *Texas State Health Plan* were presented in 1998 and are repeated below.

**GOAL 1: Ensure that the needed number of health care professionals are educated and trained.**

*Objective 1.1 Conduct workforce supply and requirements planning for Texas 2000-2030.*

**GOAL 2: Improve health professions regulation to ensure quality health care for Texans.**

*Objective 2.1 Establish fair and equitable mechanisms and processes that will address health professions regulation.*

**GOAL 3: Address the maldistribution of health professionals.**

*Objective 3.1 Increase access to medical care through technology.*

*Objective 3.2 Increase access to health care through the coordination of recruitment and retention activities.*

**GOAL 4: Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health.**

*Objective 4.1 Increase the implementation of prevention activities in the health care community through the academic curriculum.*

*Objective 4.2 Build the competencies of the public health workforce in the areas of core public health functions*

*Objective 4.3 Create incentive systems to encourage prevention activities.*

*Objective 4.4 Develop a comprehensive approach to education of children in grades K-12 to encourage healthy lifestyle choices.*



**GOAL 5: Reduce disparity in health status among all population groups and enhance their access to quality health care by developing a diverse and culturally competent workforce.**

*Objective 5.1 Develop a diverse and culturally competent workforce.*

*Objective 5.2 Develop a workforce equipped to meet the needs of Texas aging populations and the population of persons with disabilities.*

**GOAL 6: Create a health workforce that works with communities and in partnership with federal and state governments to have the greatest positive impact on the health of citizens.**

*Objective 6.1 Design systems in which local communities are empowered to plan and direct interventions that have the greatest positive impact on the health of citizens.*

*Objective 6.2 Develop the skill level of health professionals in working with communities.*

**GOAL 7: Develop the health care partnership between consumers and health care professionals through increased access to health care information.**

*Objective 7.1 Enable consumers to make better health care decisions.*

**Implementation of the Texas State Health Plan**

For a number of the goals, strategies were defined which included the appointment of SHCC ad hoc committees to study and make recommendations to the council on actions to be taken. Ad hoc committees were formed to study issues related to Goals 1, 3, 5, 6, and 7. Specifically, those ad hoc committees focused on the following issues

- \* Ad hoc committee on Health Personnel Data (Goal 1)
- \* Ad hoc committee on Recruitment and Retention (Goal 3)
- \* Ad hoc committee on Minority Health (Goal 5)
- \* Ad hoc committee on Community Competencies for Health Care Professionals (Goal 6)
- \* Ad hoc committee on Models for Community Health Practice (Goal 6)
- \* Ad hoc Committee on Consumer Health (Goal 7)

Reports from those ad hoc committees are included in this *Update* (see Appendices A, C, E, F, G, H).

The *Texas State Health Plan* has a goal which focuses on the development of a workforce trained and equipped to use education and prevention as the primary approach to creating health. In response to the strategy proposed for that goal, the Academic Health Centers were surveyed about their inclusion of these concepts in their academic curricula. The responses to those surveys are reproduced in this document (Appendix B).

In addition, the *Texas State Health Plan* called for the Texas Department on Aging to conduct a study and report on the health issues of an aging population and their relationship to health workforce education, planning, and practice. That report is included in this *Update* (Appendix D).

It should be noted that one of the requirements for the preparation of the *Texas State Health Plan* is statewide stakeholder input. Stakeholders were recruited to participate as members of the SHCC ad hoc committees. That participation included: public members; institutional representatives; subject matter experts; representatives from other state agencies; health care professionals; and representatives of health professions associations. Participation in those ad hoc committees was statewide and inclusive (see Appendix I). Over 90 people served on these ad hoc committees. In addition, two ad hoc committees held daylong workshops and invited attendance and participation of others. One of the ad hoc committees held focus groups involving participants from across the state. The Statewide Health Coordinating Council itself hosted a Symposium on March 28, 2000, which was attended by 85 participants. The council has been impressed with the level of participation by the ad hoc committees, symposium attendance, continued dialog about workforce issues, and the work products submitted.

## **76<sup>th</sup> Legislative Session and Interim**

There were a number of bills passed during the 76<sup>th</sup> Legislative session directly related to health professions education, planning and regulation. (For a complete listing, see Appendix J.) Three bills (HB 2025, SB 1288, and SB 590) expanded health professions education and training in the El Paso, Laredo and the Coastal Bend areas. House Bill 1945 created permanent funds for health related institutions



of higher education for public health purposes. That bill specified funding for those education centers as well as the regional academic health center in the Rio Grande Valley. In addition funds were appropriated to the Texas Higher Education Coordinating Board for the administration of grants for programs in Nursing, Allied Health, Minority Health Research and Education, and other health related programs. The General Appropriations Act, Article III, section 35, set funding formulas for health professions education.

The 76<sup>th</sup> Legislature passed several bills pertaining to the regulation of health professionals:

House Bill 1342 implements a multi-state licensure compact for registered nurses, licensed practical nurses, and licensed vocational nurses. This compact permits nurses licensed in one state in the compact to practice in another state in the compact without obtaining an additional license.

House Bill 1864 established programs to train and certify community health workers (*promotores (as)*).

House Bill 110 requires the Texas Board of Medical Examiners to create a profile of each physician licensed and provide public access to that information.

Senate Bill 982, Senate Bill 1131 and Senate Bill 556 dealt with scope of practice issues relating to diabetes counseling, hospital clinical privileges of advance practice nurses and physician assistants, and occupational therapists.

Two issues raised by the Statewide Health Coordinating Council in the *Texas State Health Plan* were the development of a statewide telemedicine plan and a legislative study of the process for determining changes in scope of practice.

On the issue of telemedicine, House Bill 1398 directed the Health and Human Services Commission to establish a Medicaid Telemedicine Advisory Group. That advisory group is to provide the legislature with recommendations to improve telemedicine

consultation services and on areas for expansion of telemedicine in the Texas Medicaid Program. Also during this interim, the House Research Organization of the Texas House of Representatives released a report in May 2000 entitled “Telemedicine in Texas: Public Policy and Concerns.” That report further explicates many of the telemedicine policy issues identified in the *Texas State Health Plan*.

The Statewide Health Coordinating Council’s Symposium in March of 2000 featured a panel discussion on processes to determine any changes to a health professions scope of practice. That discussion indicated that this policy issue is still important to health professions workforce policy, planning, and regulation.

Other activity during this interim session affecting workforce policy discussion includes the Senate Committee on Human Services interim charge to study issues related to the health professions workforce and a higher education long range strategic planning process implemented by the Texas Higher Education Coordinating Board (THECB). Members of the Statewide Health Coordinating Council participated in both of these discussions by providing testimony to the Senate Committee and participating on the THECB health professions task forces.

The plan has served as the primary informational and planning document for the health professions workforce in Texas. It has been the source for ongoing dialog about workforce issues. Professional associations have published excerpts in their newsletters. Universities have used the document in program assessment and faculty discussion. It has been used in classrooms for student policy analysis. Chapter 1 on demographics has been widely used for its general description of the state.

The *Texas State Health Plan* has served as the state’s policy and planning document and has been used to provide background and support for grant applications. The Texas Department of Health submitted a proposal to the Centers for Disease Control and Prevention and was funded to purchase equipment for local health departments to build a statewide communications system, which would be part of the national Health Alert Network and the Public Health Training Network. The schools of public health (University of Texas Health Science Center at Houston, University of North Texas at Fort Worth, and the Texas A&M University System) collaboratively responded to the national Health Resources and Services Administration’s Public Health Training Center Grant. That proposal was approved and funded. In October



1999, the *Texas State Health Plan* was featured in a presentation at a national health professions issues workshop sponsored by the Agency for Healthcare Research and Quality.

In all, the period since the publication of the *Texas State Health Plan* has been a very active one. State agencies have worked collaboratively on health professions workforce issues. Universities have participated on both Statewide Health Coordinating Council and Texas Higher Education Coordinating Board ad hoc committees and task forces. Health professions associations and other health related organizations such as the Texas Hospital Association have sent representatives. The purpose of the *Texas State Health Plan* was to identify workforce issues, propose goals, objectives and strategies to ensure an adequate and competent workforce for the future, and create opportunities for those issues to be addressed. Given the level of participation, the exchange of information, and the extent of the collaboration around these issues, the council feels that they have achieved the intent and purpose of that document.

### **Overview of the 2001 – 2002 Texas State Health Plan Update**

This *Update* will build on work done since the foundational plan. Chapter 1 will review issues related to workforce planning and forecasting, education and training, recruitment and retention, and the regulatory systems that are essential to ensuring a quality health care workforce. The Statewide Health Coordinating Council's strategies are designed to strengthen elements of each of these systems. **The council's entire set of new strategies to further the goals and objectives proposed in the *Texas State Health Plan* are included as Table 1-1 at the end of Chapter 1 on page 25.** Chapter 2 describes the Texas Workforce Supply for a number of selected professions and discusses trends that will affect workforce demand. Appendices A, C, D, E, F, G, H include the ad hoc committee reports and the Texas Department on Aging report. Appendix B includes the survey responses from the Academic Health Centers on their continuing efforts to increase the implementation of prevention activities in the health care community through the academic curriculum.

